

09/31/53

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Phx	67614	8/18/55
O.I.P.E. CLASSIFIER		12	7/23
FORMALITY REVIEW	BD	66889	8-23-50

MD

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - Allowed I Interference
 (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	1/61
2	6/61
3	8/61
4	12/61
5	1/62
6	2/62
7	3/62
8	4/62
9	5/62
10	6/62
11	7/62
12	8/62
13	9/62
14	10/62
15	11/62
16	12/62
17	1/63
18	2/63
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33	5/64
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36	8/64
37	9/64
38	10/64
39	11/64
40	12/64
41	1/65
42	2/65
43	3/65
44	4/65
45	5/65
46	6/65
47	7/65
48	8/65
49	9/65
50	10/65

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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09/31/2531